

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
HEALTH AND RECOVERY SERVICES ADMINISTRATION  
Olympia, Washington**

**To:** Oxygen Providers  
Inhalation/Respiratory Therapists  
Pharmacists  
Home Health Agencies  
Managed Care Plans

**Memorandum No.: 05-121 MAA**

**Issued:** December 28, 2005

**For information, contact:**  
1-800-562-3022

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration (HRSA)

**Subject: Oxygen and Respiratory Therapy Program: Fee Schedule Changes**

**Effective for dates of service on and after January 1, 2006**, HRSA will revise the fee schedule for Medical Supplies and Equipment to match HCPCS\* Level II codes.

## **What has changed?**

Some HCPCS codes for the oxygen and respiratory therapy program have been revised to include discontinued, additions and changes in code descriptions. (Updated codes and descriptions are indicated with dark red text and/or yellow highlighting. When printed, the highlighted areas and dark red text will appear as gray.)

## **Billing Instructions Replacement Pages**

Attached are replacement pages H.1 – H.30 for HRSA's current *Oxygen and Respiratory Therapy Program Billing Instructions*.

## **Contact Information**

<b>Send reimbursement rate issues, questions, or comments to:</b>	<b>Send authorization issues, questions, or comments to:</b>
Oxygen and Respiratory Rates Manager Professional Reimbursement Section Division of Business and Finance PO Box 45510 Olympia, Washington 98504-5510 (360) 725-2139 Fax # (360) 753-9152	Oxygen and Respiratory Policy Manager Health and Recovery Services Administration Division of Medical Management PO Box 45506 Olympia Washington 98504-5506 (360) 725-1577 Fax # (360) 586-1471

\* HCPCS – Healthcare Common Procedure Coding System

## **How do I conduct business electronically with HRSA?**

You may conduct business electronically with HRSA by accessing the WAMedWeb at:  
<http://wamedweb.acs-inc.com>.

## **How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

# Fee Schedule

## Notes about the Fee Schedule

**Procedure Code** The description of each procedure code will tell you if:

- A modifier is required.
- A limit applies.
- An item/service is bundled/unbundled.
- Prior authorization is required.

**Note:** New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a “#” symbol in the maximum allowable Rental or Purchase columns are not covered by HRSA.

**Maximum Allowance:** The *RENTAL* and *PURCHASE* columns indicate the maximum dollar amount or percentage of billed amount payable by HRSA. Rentals are calculated on a monthly basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

**Rentals:** From and to dates are required on all rental billings.

**Modifiers:** **You must use the appropriate modifier with the procedure code when indicated:**

Equipment Rental -	Use modifier "RR"
Equipment Purchase -	Use modifier "NU" (eff. 10/03)
Six Month Maintenance Fee -	Use modifier “MS” (for Ventilators and CPAPs only)
Second Ventilator (Backup) -	Use modifier “U2” (eff. 7/1/03)
Backup Equipment	Use modifier "TW" in addition to any other required modifier when billing for back-up equipment, other than ventilators (eff. 7/1/05). For backup ventilators, continue to use modifier "U2".

**Do Not Bill With:** Any procedure code listed in the “Do Not Bill With” column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the “Procedure Code” column.

Bill HRSA your usual and customary fee (the fee you bill the general public). HRSA’s payment will be either your usual and customary fee or HRSA’s maximum allowable rate, whichever is lower.

## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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**\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.**

### Apnea Monitor and Supplies

Apnea monitor, without recording feature.	<b>E0618</b>		#	#
Apnea monitor, with recording feature. <b>Maximum of six months rental allowed per lifetime. Modifier RR required.</b>	<b>E0619</b>		<b>280.35</b>	
Electrodes (e.g., Apnea monitor), per pair. <b>Purchase only. Modifier NU required. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 every 30 days.</b>	<b>A4556</b>	<b>A4558</b>		<b>10.32</b>
Lead Wires, e.g. apnea monitor per pair	<b>A4557</b>		#	#
Conductive paste or gel. <b>Purchase only. Modifier NU required.</b>	<b>A4558</b>	<b>A4556</b>		<b>5.45</b>
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. <b>Modifier NU required. Limit: 2 every 30 days.</b>	<b>E1399 w/EPA #870000904</b>	<b>A4556 A4557</b>		<b>25.92</b>

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Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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### Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> <li>Requires results of sleep study performed in an HRSA-approved sleep center.</li> <li>Rental Limit: 1 unit per month, maximum of 2 months rental.</li> <li>Purchase required after 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase.</li> <li>Purchase limit: 1 unit per client, every 5 years with documentation of cost effectiveness prior to replacement. Purchase price is amount allowed after 2 months mandatory rental.</li> <li>Modifier RR or NU required.</li> </ul>	E0601	E0470 E0471 E0472	\$111.71	\$893.68
Updated Description updated Full face mask, used with positive airway pressure device, each. <b>Limit: 1 every 6 months.</b>	A7030	A7031		188.64
Face mask interface, replacement for full face mask, each. <b>Limit: 1 every 3 months.</b>	A7031	A7030		69.77
Cushion for use on nasal mask interface, replacement only, each. <b>Limit: 1 every 6 months. Description Updated</b> Updated	A7032	A7034		40.53
Pillow for use on nasal cannula type interface, replacement only, pair. <b>Limit: 1 every 6 months. Description Updated</b> Updated	A7033	A7034		28.41
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. <b>Limit: 1 every 6 months.</b>	A7034	A7032 A7033		117.64



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### Continuous Positive Airway Pressure System (CPAP) (cont.)

Headgear used with positive airway pressure device. <b>Limit: 1 every 6 months</b>	A7035			39.75
Chinstrap used with positive airway pressure device. <b>Limit: 1 every 6 months</b>	A7036			18.20
Tubing with integrated heating element for use with positive airway pressure device. <b>Limit: 1 every 6 months</b> 	A4604	A7010 A7037		65%
Tubing used with positive airway pressure device. <b>Limit: 1 every 6 months</b>  <b>Do not bill with updated code.</b>	A7037	A7010 A4604		41.02
Filter, disposable, used with positive airway pressure device. <b>Limit: 2 every 30 days.</b>	A7038			5.39
Filter, nondisposable, used with positive airway pressure device. <b>Limit: 1 every 6 months.</b>	A7039			\$15.33
Oral interface, used with positive airway pressure device, each.	A7044		#	#
Exhalation port (with or without swivel) used with accessories for positive airway devices, replacement only.	A7045		#	#
Water chamber for humidifier, used with positive airway pressure device, replacement, each. <b>Limit: 1 every 6 months.</b>	A7046			19.51
Humidifier, nonheated, used with positive airway pressure device.	E0561		#	#
Humidifier, heated, used with positive airway pressure device. <b>Purchase only.</b> <b>Limit: 1 per 3 years.</b> <b>Modifier NU required</b>	E0562			301.22

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
<b>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.</b>				
Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* <ul style="list-style-type: none"> <li>• <b>Requires results of sleep study performed in an HRSA-approved sleep center when prescribed for sleep apnea.</b></li> <li>• <b>Purchase required after maximum of 2 months mandatory rental. Client compliance and effectiveness must be documented prior to purchase.</b></li> <li>• <b>Limit: 1 purchase per lifetime per client.</b></li> <li>• <b>Modifier RR or NU required.</b></li> <li>• <b>Purchase price is amount allowed after 2 months mandatory rental.</b></li> </ul>	<b>E0470</b>	<b>E0601, E0471, E0472</b>	<b>256.60</b>	<b>2,052.80</b>

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### IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) <b>Rental only.</b> <b>Modifier RR required.</b>	<b>E0500</b>	<b>E0570</b>	<b>93.30</b>	
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### Nebulizers and Accessories

\*HRSA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will only need a nebulizer for short-term use. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

Compressor, air power source for equipment which is not self-contained or cylinder driven. <b>Rental only.</b> <b>Only the following accessories may be billed with this code: A4619, A7525, E1399 w/EPA #870000903, A7006, A7007, A7010-A7012, A7014, and A7015.</b> <b>Modifier RR required.</b>	<b>E0565</b>		<b>51.86</b>	
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

<p>Nebulizer with compressor.</p> <ul style="list-style-type: none"> <li>Only the following accessories may be billed with this code: A7525 or A7015, A7003-A7006, A7013.</li> <li>When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement.</li> <li>Reimbursement includes delivery and instruction on the proper use and cleaning of the equipment.</li> </ul> <p>Rental allowed for clients with expected short-term use, e.g., acute vs. chronic condition. Purchase required after 2 months of rental. <del>Diagnosis of acute bronchiolitis 466.11, OR 466.19, or acute bronchiolitis 466.0.</del></p> <ul style="list-style-type: none"> <li>Purchase price is amount allowed after 2 months mandatory rental.</li> <li>Limit: 1 per client, per 5 years.</li> <li>Modifier RR or NU required.</li> </ul> <p>See Expedited Prior Authorization (EPA) Section for clients not meeting Medicare diagnosis criteria.</p> <p><b>Description updated.</b></p>	<b>E0570</b>	<b>E0500</b>	<b>16.10</b>	<b>128.80</b>
Aerosol compressor, battery powered, for use with small volume nebulizer.	<b>E0571</b>		#	#
Aerosol compressor, adjustable pressure, light duty for intermittent use.	<b>E0572</b>		#	#
Ultrasonic/electronic aerosol generator with small volume nebulizer.	<b>E0574</b>		#	#
Nebulizer, ultrasonic, large volume.	<b>E0575</b>		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter.	<b>E0580</b>		#	#
Nebulizer, with compressor and heater.	<b>E0585</b>		#	#


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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Nebulizers and Accessories (cont.)

Administration set, with small volume non-filtered pneumatic nebulizer, disposable. <b>May only be used as a backup to A7005 Purchase only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier NU and TW required.</b>	A7003	A7004		2.74
Small volume nonfiltered pneumatic nebulizer, disposable. <b>Purchase only.</b> <b>Limit: 3 per client, every 30 days.</b> <b>Modifier NU required.</b>	A7004	A7003 A7005		1.80
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. <b>Purchase only.</b> <b>Limit: 1 per client, every 6 months.</b> <b>Modifier NU required.</b>	A7005	A7004		30.83
Administration set, with small volume filtered pneumatic nebulizer. <b>Purchase only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier NU required.</b> <b>For Pentamidine administration only.</b>	A7006			9.54
Large volume nebulizer, disposable, unfilled, used with aerosol compressor. <b>Limit: 10 per client, every 30 days.</b>	A7007			4.61
Large volume nebulizer, disposable, prefilled, used with aerosol compressor. <b>Should use combination of A7007 and E1399 with EPA number 870000928.</b>	A7008		#	#
Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer.	A7009		#	#
Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, every 30 days.</b>  <b>Do not bill with code updated code.</b>	A7010	A7037 A4604		23.59

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<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.</i>				
<b>Nebulizers and Accessories (cont.)</b>				
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, every 12 months.</b>	<b>A7011</b>			<b>1.51</b>
Water collection device, used with large volume nebulizer. (e.g., aerosol drainage bag) <b>Only paid in conjunction with E0565.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 8 per client, every 30 days.</b>	<b>A7012</b>			<b>3.78</b>
Filter, disposable, used with aerosol compressor. <b>Only when using E0570.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, every 30 days.</b>	<b>A7013</b>	<b>A7014</b>		<b>0.83</b>
Filter, non-disposable, used with aerosol compressor or ultrasonic generator. <b>Only when using E0565. Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, every 3 months.</b>	<b>A7014</b>	<b>A7013</b>		<b>4.49</b>
Aerosol mask, used with DME nebulizer. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 3 per client, every 30 days.</b>	<b>A7015</b>			<b>1.88</b>
Face tent. <b>Purchase only.</b> <b>Limit: 3 per client, every 30 days.</b> <b>Modifier NU required.</b>	<b>A4619</b>	<b>E1390</b>		<b>1.21</b>
Dome and mouth piece, used with small volume ultrasonic nebulizer.	<b>A7016</b>		#	#
Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen.	<b>A7017</b>		#	#
Water, distilled, used with large volume nebulizer, 1000ml	<b>A7018</b>	<b>E1399 w/EPA #870000928</b>		<b>.38</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Nebulizers and Accessories (cont.)

Sterile water or sterile saline, 1000 ml, used with large volume nebulizer. Limit: 50 per client, every 30 days.	<b>E1399</b> w/EPA <b>#870000928</b>	<b>A7018</b>		<b>2.74</b>
"Fish" 3-5cc saline vials. Limit: 200 per client, every 30 days.	<b>E1399</b> w/EPA <b>#870000901</b>			<b>.23</b>

### Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b> <i>Updated</i> <b>Do not bill with updated code.</b>	<b>E0424</b>	<b>A4615- A4620, E0439, E0441- E0444, E0550, E1390, E1392 K0671</b>	<b>194.48</b>	
Stationary compressed gas system, purchase: includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	<b>E0425</b>		#	#
Portable gaseous oxygen system, purchase; include regulator, flow meter, humidifier, cannula or mask, and tubing.	<b>E0430</b>		#	#
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b> <i>Updated</i> <b>Do not bill with updated code.</b>	<b>E0431</b>	<b>A4615- A4620, E0434, E0441- E0444, E0550, K0671 E1392</b>	<b>32.07</b>	


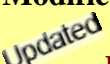
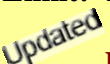
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## Oxygen and Respiratory Therapy Program

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### Oxygen and Oxygen Equipment (cont.)

Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents, gauge, cannula or mask and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b>  <b>Do not bill with updated code.</b>	<b>E0434</b>	<b>A4615- A4620, E0431, E0441- E0444, E0550, <del>K0671</del> E1392</b>	<b>32.07</b>	
Portable liquid oxygen system, purchase: includes portable container, supply reservoir, humidifier, flowmeter, contents gauge, cannula or mask, tubing, and refill adapter.	<b>E0435</b>		#	#
Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b>  <b>Do not bill with updated code.</b>	<b>E0439</b>	<b>A4615- A4620, E0424, E0441- E0443, E0550, E1390 <del>K0671</del> E1392</b>	<b>194.48</b>	
Stationary liquid oxygen system, purchase; includes use of reservoir, contains indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing.	<b>E0440</b>		#	#
Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per client, every 30 days.</b>  <b>Do not bill with updated code.</b>	<b>E0441</b>	<b>E0424, E0431, E0434, E0439, E0442, E0443, E0444, E0550, E1390 <del>K0671</del> E1392</b>		<b>154.27</b>

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## Oxygen and Respiratory Therapy Program

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### Oxygen and Oxygen Equipment (cont.)

Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per client, every 30 days.</b> <i>Updated</i> <b>Do not bill with updated code.</b>	<b>E0442</b>	<b>E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390 <del>K0671</del> E1392</b>		<b>154.27</b>
Portable oxygen contents, gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per client, every 30 days.</b> <i>Updated</i> <b>Do not bill with updated code.</b>	<b>E0443</b>	<b>E0424, E0431, E0434, E0439, E0441, E0442, E0444 E1390 <del>K0671</del> E1392</b>		<b>21.41</b>
Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). One month's supply equals one unit. <b>This is a monthly fee.</b> <b>Limit: 1 per client, every 30 days.</b>	<b>E0444</b>	<b>E0424, E0431, E0434, E0439, E0441- E0443</b>		<b>21.41</b>
Regulator	<b>E1453</b>		#	#
Stand/rack	<b>E1355</b>		#	#
Immersion external heater for nebulizer	<b>E1372</b>		#	#
Oxygen tent, excluding croup or pediatric tents.	<b>E0455</b>		#	#




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### Oxygen and Oxygen Equipment (cont.)

Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b> (Rental includes: humidifier, if needed, cannula or mask and tubing.)  <b>Do not bill with updated code.</b>	<b>E1390</b>	<b>A4615- A4620, E0424, E0439, E0441, E0442, E0443, E0444, E0550</b>	<b>194.48</b>	
Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	<b>E1391</b>		#	#
Portable oxygen concentrator, <b>rental.</b> <b>Must be billed with E1390</b>  <b>Monthly rental only.</b> <b>Limit: 1 per client, every 30 days.</b> <b>Modifier RR required.</b> (Rental includes: humidifier, if needed, cannula or mask and tubing.)  <b>Description updated.</b>	<b>E1392</b> <b>K0671</b>	<b>A4615- A4620, E0424, E0431, E0434, E0439, E0441- E0443, E0444, E0550</b>	<b>32.07</b>	
Oxygen and water vapor enriching system with heated delivery.	<b>E1405</b>	<b>E1406</b>	#	#
Oxygen and water vapor enriching system without heated delivery.	<b>E1406</b>	<b>E1405</b>	#	#

### Professional Services

Respiratory therapy home visit: subsequent, includes oximetry services.	<b>94760</b> <b>w/EPA</b> <b>#870000916</b>	<b>94656</b> <b>w/EPA</b> <b>#870000915</b>		<b>\$31.34</b>
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Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.</i>				
Ventilator therapy initial home visit, patient intake and evaluation. <b>Allowed one time per provider, per client.</b>	<b>94656 w/EPA #870000915</b>	<b>94760 w/EPA #870000916</b>		<b>52.08</b>
Pneumocardiogram or polysomnogram ( <b>one year of age and under</b> ) service; with recording equipment. <b>Not to be used on a routine basis. Use only when medically indicated.</b>	<b>94772 w/EPA #870000917</b>			<b>156.73</b>

**Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.**



## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Suction Pump/Supplies

Tracheal suction catheter, closed system, each. <b>Limit 1 per day per client.</b>	<b>A4605</b>	<b>A4624</b>		<b>\$16.40</b>
Tracheal suction catheter, any type, other than closed system, each. <b>Purchase only. Limit: 150 each month for clients age 8 and older, 300 each month for clients under age 8. Modifier NU required.</b>	<b>A4624</b>	<b>A4605</b>		<b>2.63</b>
Oropharyngeal suction catheter, each (Yankauer). <b>Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.</b>	<b>A4628</b>			<b>3.65</b>
Canister, disposable, used with suction pump, each. <b>Purchase only. Modifier NU required. Limit: 5 per client every 30 days for portable pump. 5 per client, every 30 days for stationary pump.</b>	<b>A7000</b>	<b>A7001</b>		<b>9.54</b>
Canister, non-disposable, used with suction pump, each. <b>Purchase only. Modifier NU required. Limit: 1 every 12 months.</b>	<b>A7001</b>	<b>A7000</b>		<b>33.08</b>
Tubing, used with suction pump, each. <b>Purchase only. Modifier NU required. Limit: 15 per client, every 30 days.</b>	<b>A7002</b>			<b>3.83</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
<i>**HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.</i>				
Respiratory suction pump, home model, portable or stationary, electric. <b>Modifier RR or NU required. If billing for the backup unit, use modifier TW in addition to the other required modifier. Limit: 2 in 5 years, one for use in the home and one for back-up or portability. Deemed purchased after 12 months rental.</b> HRSA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	<b>E0600</b>		<b>45.79</b>	<b>457.90</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Tracheostomy Care Supplies

Transtracheal oxygen catheter, each	A4608		#	#
Tracheostomy, inner cannula (disposable replacement only). <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, each day.</b>	A4623			6.55
Tracheostomy care kit for new tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) <b>Limit: 1 per client, each day.</b> <b>Use this code for first 2 weeks only, then use A4629.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	A4625	A4626, A4629		3.50
Tracheostomy cleaning brush, each. <b>Discontinued for dates of services on and after 7/1/05</b>	A4626	A4625, A4629		#
Tracheostomy care kit for established tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) <b>Limit: 1 per client, each day.</b> <b>Use after the first 2 weeks.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	A4629	A4625, A4626		3.50
Tracheostoma valve, including diaphragm, each	A7501		#	#
Replacement diaphragm/faceplate for tracheostoma valve, each	A7502		#	#
Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each.	A7503		#	#
Filter for use in a tracheostoma heat and moisture exchange system, each.	A7504		#	#

**Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.**

## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Tracheostomy Care Supplies (cont.)

Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each.	<b>A7505</b>		#	#
Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type, each.	<b>A7506</b>		#	#
Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each.	<b>A7507</b>		#	#
Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each.	<b>A7508</b>		#	#
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) <b>Limit: 1 each day for clients age 8 and older.</b> <b>Limit: 3 each day for clients under age 8.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	<b>A7509</b>			<b>1.41</b>
Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each. <b>Limit per client, per month: 1 if removable inner cannula or 4 each month if no removable inner cannula.</b>	<b>A7520</b>			<b>47.48</b>
Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each. <b>Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.</b>	<b>A7521</b>			<b>\$47.05</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Tracheostomy Care Supplies (cont.)

Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each. <b>Limit: 1 per client every 30 days if removable inner cannula or 4 per client every 30 days if no removable inner cannula.</b>	<b>A7522</b>			<b>45.16</b>
Tracheostomy shower protector, each	<b>A7523</b>		#	#
Tracheostoma stent/stud/button, each	<b>A7524</b>		#	#
Tracheostomy mask, each <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 4 per client, every 30 days.</b>	<b>A7525</b>			<b>2.07</b>
Tracheostomy tube collar/holder, each. <b>Limit: 15 per client, every 30 days.</b>	<b>A7526</b>			<b>3.37</b>
Tracheostomy/laryngectomy tube plug/stop.	<b>A7527</b>		#	#
Tracheostomy speaking valve <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 every 6 months.</b>	<b>L8501</b>			<b>96.88</b>

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Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

## Ventilators and Related Respiratory Equipment

<p>Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface e.g., tracheostomy tube. (Payment includes all necessary accessories, fittings and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b></p> <p><b>Description updated.</b></p>	<b>E0450</b>	<b>A4611- A4613, A4616- A4618, E0460, E0461, E0550, E0471, E0472</b>	<b>811.34</b>	
Pressure support ventilator with volume control mode, may include pressure control mode, used with <b>invasive</b> interface, e.g. trach tube.	<b>E0463</b>	<b>E0464</b>	#	#
Pressure support ventilator with volume control mode, may include pressure control mode, used with <b>non-invasive</b> interface, e.g. mask.	<b>E0464</b>	<b>E0464</b>	#	#
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>noninvasive</b> interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b> <b>Limit: 1 every 30 days.</b>	<b>E0471</b>	<b>A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0470, E0472, E0550, E0601</b>	<b>\$642.17</b>	
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with <b>invasive</b> interface, e.g., tracheostomy tube. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b> <b>Limit: 1 every 30 days.</b>	<b>E0472</b>	<b>A4611- A4613, A4616- A4618, E0450, E0460, E0461, E0470, E0471, E0550, E0601</b>	<b>642.17</b>	

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Ventilators and Related Respiratory Equipment (cont.)

Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* <b>Rental only.</b> <b>Modifier RR required.</b> <b>Limit: 1 every 30 days.</b>	<b>E0460</b>	<b>A4611- A4613, A4616- A4618, E0450, E0461, E0550, E0471, E0472</b>	<b>733.57</b>	
Volume ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface.  <b>Rental only.</b> <b>Modifier RR required.</b> <b>Limit: 1 every 30 days.</b>  <b>Description updated.</b>	<b>E0461</b>	<b>A4611- A4613, A4616- A4618, E0450, E0460, E0550, E0471, E0472</b>	<b>1,002.05</b>	
Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheostomies and require heated humidification). <b>Rental only. Modifier RR required.</b>	<b>E1399 w/EPA #870000903</b>	<b>E0550</b>	<b>128.80</b>	

\***For owned ventilators and CPAPs** – Use modifier “MS” when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” required when claiming a secondary “backup” ventilator for the same client.**





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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Miscellaneous

 Sterile saline or (sterile) water, 10 ml	<b>A4216</b>			#
 Sterile saline or (sterile) water, 500 ml	<b>A4217</b>			#
 Sterile saline or (sterile) water, metered dose dispenser, 10ml	<b>A4218</b>			#
Tape, non-waterproof, per 18 square inches.	<b>A4450</b>			<b>.09</b>
Tape, waterproof, per 18 square inches.	<b>A4452</b>			<b>.36</b>
Peak expiratory flow rate meter, hand held. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 3 per client, every 12 months.</b>	<b>A4614</b>			<b>23.78</b>
Oximeter device for measuring blood oxygen levels non-invasively. (Complete with all necessary accessories and supplies except probes.) <b>Rental only; price per month.</b> <b>Modifier RR required.</b> <b>Prior authorization required for clients 18 and older.</b> <b>(Tape Waterproof)</b>	<b>E0445</b>		<b>60.00</b>	
Oximeter probe/sensor, disposable. <b>Purchase only. Modifier NU required.</b> <b>Limit: 4 per client, every 30 days.</b>	<b>E1399 w/EPA #870000907</b>	<b>A4606</b>		<b>26.00</b>
 Oxygen probe for use with oximeter device, replacement. <b>Non-disposable. Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 per client, every <del>30</del> 180 days.</b> <b>Limit updated</b>	<b>A4606</b>	<b>E1399 w/EPA #870000907</b>		<b>179.46</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Miscellaneous (cont.)

Resuscitator bag; non-disposable, adult/pediatric size. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, per lifetime.</b>	<b>E1399</b> <b>w/EPA</b> <b>#870000910</b>	<b>E1399</b> <b>w/EPA</b> <b>#870000909</b>		<b>\$134.11</b>
Resuscitator bag; disposable, adult/pediatric size. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, per lifetime.</b>	<b>E1399</b> <b>w/EPA</b> <b>#870000909</b>	<b>E1399</b> <b>w/EPA</b> <b>#870000910</b>		<b>50.99</b>
Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. <b>For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.</b> <b>Requires Prior Authorization.</b>	<b>E1340</b>			<b>17.43</b>
Durable medical equipment, miscellaneous <b>Also includes non routine replacement parts for repair of client owned equipment.</b> <b>Refer to pages E.6 and E.7 of Billing Instructions. Prior authorization required.</b>	<b>E1399</b>			<b>BR</b>
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). <b>Limit: 6 per child (17 and younger), every 12 months; 3 per adult, (18 and older) every 12 months.</b>	<b>A4627</b>			<b>23.70</b>
Flutter device. <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 every 6 months.</b>	<b>S8185</b>			<b>42.40</b>
Swivel adaptor	<b>S8186</b>		#	#
Tracheostomy supply, not otherwise classified	<b>S8189</b>		#	#
Electronic spirometer (for microspirometer)	<b>S8190</b>		#	#
Mucus trap	<b>S8210</b>		#	#
Percussor, electric or pneumatic, home model. <b>Purchase only. Modifier NU required. Limit: 1 per client, per lifetime.</b>	<b>E0480</b>			<b>439.40</b>

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## Oxygen and Respiratory Therapy Program

Description	HCPCS Code	Do Not Bill With	1/1/06 Rental	1/1/06 Purchase
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*\*\*HCPCS codes with a "#" symbol in the Rental or Purchase columns are not covered by HRSA.*

### Miscellaneous (cont.)

Intrapulmonary percussive ventilations system and related accessories.	<b>E0481</b>		#	#
Cough stimulating device, alternating positive and negative airway pressure. Prior authorization required. Rental only, per month. <b>Modifier RR required.</b> <b>Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.</b>	<b>E0482</b>		<b>430.02</b>	
High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each. Rental includes vest and generator, all repairs and replacements. Manufacturer will replace vest (during either rental or purchase period) for change in user's size. <b>Modifier RR required.</b> <b>Prior authorization required.</b> <b>Limit: 1 per client, per lifetime. Deemed purchased after twelve months of rental.</b>	<b>E0483</b>		<b>1,063.13</b>	
Oscillatory positive expiratory pressure device, non-electric, any type, each.	<b>E0484</b>		#	#

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## Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment

Battery, heavy duty; replacement <b>for patient-owned ventilator.</b> (gel cell only) <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 1 every 2 years.</b>	<b>A4611</b>	<b>E0450, E0460, E0471</b>		<b>166.98</b>
Battery cables; replacement <b>for patient - owned ventilator.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit of 1 every 2 years.</b>	<b>A4612</b>	<b>E0450, E0460, E0471</b>		<b>76.77</b>
Battery charger; replacement <b>for patient - owned ventilator.</b> (gel cell only) <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit of 1 every 2 years.</b>	<b>A4613</b>	<b>E0450, E0460, E0471</b>		<b>144.21</b>
Cannula, nasal. <b>For client -owned equipment.</b> <b>Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 2 per client, every 30 days.</b>	<b>A4615</b>	<b>E0424, E0431, E0434, E0439</b>		<b>1.84</b>
Tubing (oxygen), per foot. <b>For client - owned equipment.</b> <b>Purchase only.</b> <b>Modifier NU required.</b>	<b>A4616</b>	<b>E0424, E0431, E0434, E0439, E1390, E0450, E0460, E0471</b>		<b>.09</b>
Mouthpiece. <b>For client -owned equipment. Purchase only.</b> <b>Modifier NU required.</b> <b>Limit: 4 per client, every 30 days.</b>	<b>A4617</b>	<b>E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471</b>		<b>1.91</b>

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## Miscellaneous Equipment Reimbursed Only When Client Owns Core Equipment (cont.)

Breathing circuits. For use with client - owned equipment. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4618	E0424, E0431, E0434, E0439, E0450, E0460, E1390, E0471		7.66
Variable concentration mask. For client-owned equipment. Purchase only. Modifier NU required. Limit: 4 per client, every 30 days.	A4620	E0424, E0431, E0434, E0439, E1390		2.58
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. <del>Rental only.</del> <del>Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.)</del> <del>Only allowed for IPPB</del> <del>Limit: 1 every 30 days.</del>  Updated	E0550	A4615, <del>E0424,</del> <del>E0431,</del> <del>E0434,</del> <del>E0439,</del> <del>E0441,</del> <del>E0450,</del> <del>E0460,</del> <del>E0471,</del> <del>E1390,</del> <del>E1392,</del> <del>E1399</del> w/EPA #870000903	42.61 #	
Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flow meter.	E0555		#	#
Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery.	E0560		#	#

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**Expedited Prior Authorization (EPA) Criteria:**

**Refer to Prior Authorization section of billing instructions for instructions and documentation requirements for EPA.**

Oxygen Equipment and Supplies

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
<p>Nebulizer with compressor. Use E0570 when billing for a Nebulizer with compressor when ALL of the following are true:</p> <ol style="list-style-type: none"> <li>1) Diagnosis of acute bronchiolitis 466.11, <b>OR 466.19</b>, or acute bronchitis 466.0.</li> <li>2) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications (HRSA will not accept a diagnosis such as abnormal secretions); and</li> <li>3) Diagnosis justifying the use of a nebulizer is on the claim.</li> </ol> <p>Purchase price is amount allowed after 2 months mandatory rental. Modifier NU or RR required.</p> <p><b>Description updated.</b></p>	900	E0570	<b>E0500</b>	<b>\$16.10</b>	<b>\$128.80</b>
<p>Use E1399 when billing for “Fish” (3cc-5cc saline vials), each.</p> <p><b>Limit: 200 per client every 30 days.</b></p>	901	E1399			.23

## Oxygen and Respiratory Therapy Program

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
Use E1399 when billing for <b>Humidifier heater, with temperature monitor and alarm</b> when all of the following are true:  1) Heated humidification is medically necessary; <b>and</b> 2) The client is either mechanically ventilated <b>or</b> has a tracheostomy.  <b>Per Month Rental only. Modifier RR required.</b>	<b>903</b>	<b>E1399</b>	<b>E0550</b>	<b>128.80</b>	
Use E1399 when billing for <b>Apnea Belt Kit</b> (includes 2 belts, 4 electrodes, and 4 lead wires), each. <b>Purchase only. Modifier NU required. Limit: 2 per client, every 30 days.</b>	<b>904</b>	<b>E1399</b>	<b>A4556, A4557</b>		<b>25.92</b>
Use E1399 when billing for <b>Oximeter probe\sensor, disposable, each.</b> Purchase only. Modifier NU required. <b>Limit: 4 per client, every 30 days.</b>	<b>907</b>	<b>E1399</b>			<b>26.00</b>

## Oxygen and Respiratory Therapy Program

Criteria	Last 3 digits	Billing Code	Do Not Bill With	Rental	Purchase
<p>Use E1399 when billing for <del>Non-routine replacement parts</del> for equipment repairs when all of the following are true:</p> <ul style="list-style-type: none"> <li>1) <del>Equipment is owned by the client;</del></li> <li>2) <del>Warranty for both equipment and parts has expired; and</del></li> <li>3) <del>There is no evidence of malicious damage, culpable neglect or wrongful disposition of equipment.</del></li> </ul> <p><del>Documentation of above information is in the client's record.</del></p> <p>For dates of service on or after 07/01/05, use E1399 (durable medical equipment, misc.) which requires prior authorization.</p>	<b>908</b>	<b>E1399</b>			<b>BR</b>
<p>Resuscitator bag, disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime</p>	<b>909</b>	<b>E1399</b>			<b>50.99</b>
<p>Resuscitator bag, non-disposable, adult/pediatric size. Purchase only. Modifier NU required. Limit: 2 per client, per lifetime</p>	<b>910</b>	<b>E1399</b>			<b>134.11</b>
<p>Sterile water or sterile saline. 1000 ml, used with large volume nebulizer. <b>Limit: 50 per client, every 30 days.</b></p> <p><b>Updated</b> <b>Do not bill with updated code.</b></p>	<b>928</b>	<b>E1399</b>	<b>A7018</b>		<b>2.74</b>

**Professional Services Performed by Washington State  
Licensed Professionals Operating Within the Scope of Their Practice**

**Reimbursement includes cost of taking equipment into a client's home.**

<b>Criteria</b>	<b>Last 3 digits</b>	<b>Billing Code</b>	<b>Do Not Bill With</b>	<b>Purchase</b>
<b>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day – (when the visit includes, at a minimum all of the following):</b> <ol style="list-style-type: none"> <li>1) Evaluation of Access;</li> <li>2) Identification Emergency exits;</li> <li>3) Verification of proper electrical grounding;</li> <li>4) Identification of functioning communication devices;</li> <li>5) Identification of adequate lighting;</li> <li>6) Preparation or evaluation of emergency plans;</li> <li>7) Notification of emergency services and electricity providers; and</li> <li>8) Documentation of above activities and findings.</li> </ol> <b>Must be performed by professional staff. Limit: 1 per client per lifetime.</b>	<b>915</b>	<b>94656</b>		<b>52.08</b>
<b>Noninvasive ear or pulse oximetry for oxygen saturation; single determination. Limit: 1 per 6 months</b>	<b>916</b>	<b>94760</b>		<b>31.03</b>
<b>Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant. (Not to be used on a routine basis. Use only when medically necessary.)</b>	<b>917</b>	<b>94772</b>		<b>155.18</b>